

Willamette Valley
Animal Hospital



CLIENT INFORMATION

Date _____

First Name _____ Last Name _____

Street Address _____

City, State _____ Zip Code _____

Phone # _____ Email Address _____

In case we can not reach you regarding your animal, please provide a secondary contact that is authorized to make medical decisions on your behalf

Name _____ Relationship _____ Phone # _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
SEX; SPAYED/NEUTERED?			
COLOR			
AGE / DOB			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

If your pet has previously been seen by another veterinarian, please provide pertinent records so that we may have all necessary information regarding your pet(s).

Previous Clinic _____ Phone # _____

~Thank you for choosing WVAH of Tualatin to care for your pet(s). For an expedited check-in process, please email the completed form to newclients@wvah.net. We look forward to meeting you!~